

BULLETIN

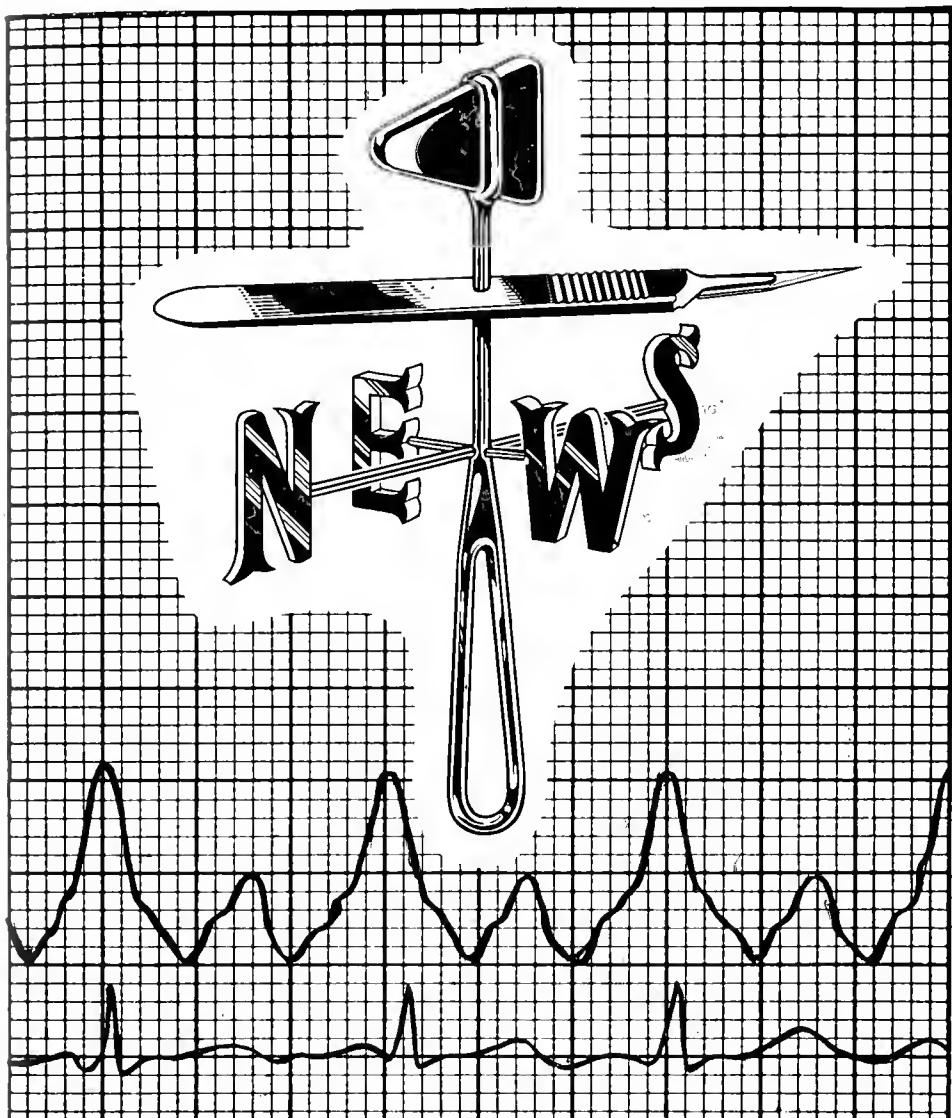
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MAHONING COUNTY MEDICAL SOCIETY

Volume XXXV

Number Eight

AUGUST, 1965



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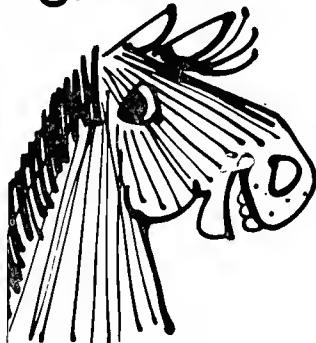
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From the Desk of the President

"I AM TOO OLD TOO CRY AND IT HURTS TOO MUCH TO LAUGH."

These ingenious words of the late honest, brilliant, and much admired Adlai Stevenson expresses how deeply I, and the vast majority of physicians in the United States, feel with the now imminent passage of the Medicare Act of 1965.

The doctors, after having waged a thirty year battle against Federal control of the physician and patient, accept enactment of this bill as a crushing defeat for free medicine. The doctors and their patients must now walk the long, disastrous, red taped road to ultimate inferior quality medical care in the United States.

The history lesson of failure in every country where socialized medicine has been tried did not deter the politician from passing this bad law. In the Senate, Statesman Harry Bird wrote the minority report.

What will the physician do? If he participates in the Medicare Act, he will obey the law. But the people of our country must come to realize that some doctors will not participate in the Medicare Act of 1965, or in any program that they feel will result in a lowered quality of medical care for the patient. The Constitution of the United States protects the doctor in this regard. He cannot be forced to work against his better judgement and in an area where he is contributing to the destruction of his own profession and against the ultimate physical welfare of the patient.

Grave concern abounds in every physician's mind. How does one implement the Medicare Act of 1965? No provision has been made or even planned in contemplation of the passage of the Act.

HOSPITAL BEDS across the country are now in very short supply and inadequate to take care of present patient needs—outside the Act. In the Youngstown area, before passage of the Medicare law, we need an additional 200 beds NOW—by 1970 300 additional beds will be required, and by 1975, 300 more—800 in all just to keep up with our normal community growth. With Medicare the patient load will be substantially greater, and yet our present projected minimum plans will tax substantially the financial resources of our community.

NURSING HOMES—Acceptable available beds in nursing homes affiliated with approved hospitals are exceedingly limited everywhere. In the Youngstown area nursing homes are not associated with our non-profit approved hospitals. Are the nursing home beds we have satisfactory? Some are excellent—I know from experience with my own family. Others are sub-standard. Many are unsatisfactory and unacceptable by today's standards. Wilbur J. Cohen, Under-secretary of the Department of Health, Education, and Welfare, says we have, without the Medicare Act, only 35-40% of nursing beds required. Nursing homes of the type demanded under the new law must increase from 9,700 to 14,000 by 1970. Approximately 500,000 new nursing home beds will be needed to fulfill the provisions and intent of the law. This is some order, and is certain to be conservative.

NURSES—I just can't think of any professional group in shorter supply or in greater demand than the qualified nurse. And now the pressure will

Continued on page 224

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff or the official views of the Mahoning County Medical Society.

Volume XXXV

August, 1965

Number 8

Published for and by the Members of the Mahoning County Medical Society

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A. William Geordan, M.D.

James L. Fisher, M.D.

John G. Guju, M.D.

Sidney Franklin, M.D.

Harold J. Reese, M.D.

—EDITORIAL—

In these days, when it has become fashionable to take pot-shots at the medical profession for all kinds of real and imagined reasons, it is most important to gain public recognition where it is truly deserved. And if such recognition can not be obtained in the public news media, then at least a few lines should be written here.

I am talking about the emergency room situation, and how the physicians of our area have met this most pressing problem. It must be recognized that the emergency rooms of our hospitals constitute a vital community service. Their efficient operation and competent staffing go far in meeting the emergency health needs of the area. However, the responsibility for their maintenance is not clearly fixed, and must be shared by hospitals, physicians and the community as a whole.

Shortly before the beginning of July, it became clear that, for a number of reasons, there would be an inadequate number of house officers to staff the emergency rooms this year, and that this situation would probably continue for an indefinite number of years in the future. At this point many possible ways of solving this staffing problem were discussed. There were numerous and lengthy arguments, discussions, debates and remonstrances. And out of all this an emergency room plan evolved. But during these sessions there was never any disagreement about one central philosophy: the staffing and operation of the emergency rooms was our responsibility. All the debates concerned merely methods and mechanics. We had assumed unquestioningly a public responsibility, and this would be met.

Members of the attending medical staff now rotate through duty assignments in the emergency rooms. These assignments provide 24-hour coverage, 7 days every week. Often there is grumbling and complaints as the already over-worked physicians perform their emergency room duties. But no assignments are missed. And no one questions the at least temporary necessity of the system. Whether the present system is temporary or permanent is of no real consequence to this theme. Other systems of emergency room coverage will undoubtedly be devised and instituted. However, at this time the Mahoning County physicians have demonstrated their devotion to the public welfare, and have again met their responsibility to the community. Medical socialization will not progress where it is faced with such a responsible body of physicians.

—Kurt J. Wegner, M.D.
Editor

FROM THE DESK OF THE PRESIDENT

Continued from page 222

mount to develop "instant nurses" to work in the hospitals, the nursing homes, and to give the over 65 ill patient at home 175 professional visits per year. If there ever was crystal clear evidence that this Medicare Act is a political bill, not a medical bill, this is it. There is a nationwide nursing shortage now without the Act—with the Act, a crisis—forever. Further, it takes years to adequately train a nurse.

MEDICAL TECHNOLOGISTS, as well as all other hospital personnel, even at the present time, are critically short. These people likewise require more and more sophisticated skills and training. It requires time to adequately train technical personnel in the very best interests and safety of the patient.

What does this all mean basically—a precipitated crisis in medicine with increasing demands, political pressures, a lowering of standards, and gradual erosion of medical quality.

Through it all the true physician will, I fervently pray, remain as he has for centuries, dedicated to his patient. —John J. McDonough, M.D.
President

LETTER

John J. McDonough, M.D., Pres.
Mahoning County Medical Society

Dear John:

Your President's letter in the last Bulletin deserves the widest publicity possible. It puts forth the salient features so necessary for proper care of our really sick patients.

Having been a patient, I have seen so many flagrant abuses of Hospitalization. And, I tried years ago to get Blue Cross to follow the suggestions you outline. With Medicare upon us, it's only the beginning of a new set of the same old problems.

Appoint a committee, give it teeth and stop the boys who don't conform.

Good Luck,

Mac

(George M. McKelvey, M.D.)

AMA SURVEYS HOSPITAL PLANNING

The AMA Department of Hospitals and Medical Facilities has just published a 1965 Directory of Health Facility Planning Agencies. Called "Profiles in Planning," the 196 page book contains a survey of existing planning agencies, and gives a series of profiles ranging from a national view of the planning movement to an exploration of each individual agency in terms of its location; objectives and purposes; organization; executive officer; governing body; committee structure; relationships with state and local medical association; with hospital councils, the state Hill-Burton agency, and other planning groups; geographic description of service areas; and type of research program and publications.

The Directory lists four hospital-planning agencies in Ohio, covering areas that include 45.64% of the State's population. These are: Columbus Hospital Federation, The Community Chest and Council of the Cincinnati Area, Inc., The Hospital Planning Association of Greater Toledo, Inc., and Hospital Planning Council of the Greater Miami Valley.

Last November, the Department of Hospitals and Medical Facilities held a national conference on areawide planning. A 154 page account of the proceedings was published earlier in the year.

These publications, plus a number of related pamphlets from the AMA, are currently under consideration by the medical society's areawide hospital planning committee.

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INTERNSHIP AND RESIDENCY TRAINING IN COMMUNITY HOSPITALS

Today American Medicine faces a very grave problem. There exists a great need for medical educators to train physicians who will regularly do a meticulous and exhaustive patient examination. However, this implies more than just the skilled utilization of diagnostic tools. For, no examination can aspire to comprehensiveness unless it also combines sufficient time with a willingness to listen to what the patient has to say. The art of careful and discriminating listening is one of the finest assets of the able physician. Related to this process is the proper procedure of the physical examination, which is not simply a ritual involving a certain number of motions. Each step has a reason and meaning of its own.

It has always been the functioning goal of the practicing physician, in our community hospitals, to provide this type of service. By careful listening and observing his patient, he has sought to detect disease with the greatest possible speed and accuracy, and to undertake its treatment. In this connection, Dr. Thomas M. Durant recently emphasized the need for physicians to keep in close touch with their patients. He is motivated to make this statement because too often, he is confronted by doctors who attempt to treat at a distance making decisions from the "foot of the bed." There physicians are usually surrounded by house staff, laden with laboratory reports and x-ray evaluations. They usually have in hand a thorough physio-chemical equation of the living mass that reposes before them seeking medical help. However, these white-coated, detached observers attempt to prescribe from Olympian heights never really becoming a truly personal physician.

In contrast, Doctor Durant points to a group of physicians who insist on close and personal contact with their patients. He believes that healing is closely associated with "the laying on of the hands." These physicians he calls the "side of the bedders," who he believes are essential to both accurate diagnosis and quality care.

In our community hospitals we see daily the work of the men, who Doctor Durant calls, "the side of the bedders." This comprehensive concern for the entire patient is best taught within the community hospital training program. Here the young intern and resident sees first hand the daily problems that confront the practicing physician. He is made to understand how a doctor handles the many and varied challenges of practice. Who else but the practicing physician, located on the firing line of the battle against disease, can best train the future doctors of tomorrow. It is indeed a sad and unfortunate fact that the medical schools of today have indoctrinated their graduating students to seek out only the university hospitals for their post-graduate training. These professors, many of whom have never practiced a day in their life, are expressing preconceived opinions concerning community hospital programs. From their federal supported ivory towers they have influenced the Council on Medical Education of the AMA to such an extent that today our community hospital training programs have suffered greatly. I challenge these nonbelievers to visit our hospitals and learn first hand the problems and the techniques of private practice.

It is time that we practicing physicians, who treat 90% of the medical problems in the United States, stand up and be counted. Is it not time for us through our medical societies to exert our influence on the Council of Medical Education to see that the community hospitals receive a fair treatment in graduate training programs. Community hospitals offer a balanced educational program utilizing charity patients located on the hospital house service, and in the busy out-patient department as well as private patients on the medical ward for house officer training. Although the private patients outnumber the charity patients actually the house officers are given a wide latitude in medical decisions on the private service as long as they make use of common sense, tact and courtesy, the essential ingredients for making

a successful doctor. From the house officers point of view he will see the type of patient who will make up the bulk of his future practice. He will soon learn that these private patients are better witnesses and as a rule present disease at an earlier and consequently educationally more valuable stage than on the wards of University Hospitals. He sees the patient not as a charity case, but rather as a sentient human being that comes to the hospital with a medical problem. In the staff man who teaches, the house officer observes the ultimate in physician-patient relationship. Here is the true "side of the bedder."

If you feel strongly that American Medicine needs the practicing physician, please write your medical representative strongly urging that community hospitals be fairly presented to the medical students and that harassment of community hospital programs by University controlled groups be stopped.

—Leonard P. Caccamo, M.D.

WATCH FOR THE VISITING PROFESSOR

The Inter-Hospital Relations Committee, Dr. Kenneth Lloyd, chairman, has taken steps to inform the entire membership concerning visiting professors at both hospitals.

An announcement of the visiting professor schedule at the "other hospital" will be posted on the staff room bulletin boards. Members of either staff are welcome to attend the lectures at the other hospital.

August 17

S. W. Ondash

August 18

F. Gelbman

August 19

W. T. Breesmen

J. J. Campolito

S. C. Keyes

J. R. LaManna

August 20

O. M. Lawton

August 22

R. J. Hritzo

August 23

W. D. Loeser

August 25

A. W. Miglets

R. J. Jarvis

August 26

C. K. Walter

August 27

W. R. Torok



Get Your Annual Check-up

August 28

E. T. Saadi

August 29

J. M. Basile

August 30

D. R. Dockry

August 31

L. J. Gasser

September 1

B. Taylor

September 3

D. E. Beynon

September 4

M. Krupko

E. Kessler

September 5

W. H. Bennett

F. G. Schlecht

A. V. Whittaker

V. A. Neel

September 6

H. Holden

E. H. Jones, Jr.

September 9

C. E. Pichette

September 10

L. G. Coe

A. K. Phillips

September 12

R. Tarnopolsky

September 14

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tinued. Side-effects and contraindications of Anhydron apply to Anhydron K and Anhydron KR. There have been reports of small-bowel lesions associated with administration of enteric-coated potassium in combination with thiazide diuretics. The incidence of these lesions is low, and a causal relationship has not been definitely established. Nevertheless, such products should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occurs. Side-effects of reserpine include mental depression, nasal stuffiness, lassitude, laxative effect, sense of fullness in the abdomen, nightmares, and reduction in libido and potency. Reserpine should be used cautiously in patients with a history of mental depression, peptic ulcer, or ulcerative colitis.

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PLAN 14th ANNUAL HEALTH TENT

Plans are nearing completion for the 14th annual medical health tent, sponsored by the Mahoning County Medical Society, at the Canfield Fair.

The same twenty exhibitors will be in the tent as were there for the 1964 Fair, with the exception of St. Elizabeth Hospital in place of Youngstown Hospital. These include: Mahoning Chapter of A.A.G.P., Youngstown Society for the Blind, Blue Cross—Blue Shield, Mahoning Cancer Society, United Cerebral Palsy Assn., Corydon Palmer Dental Society, Northeastern Ohio Pharmaceutical Assn., Youngstown Hearing and Speech Center, Heart Association of Eastern Ohio, Inc., Mental Health Assn. of Mahoning Co., Child Guidance Center, Adult Guidance Center, Tru-Mah-Col Chapter of National Multiple Sclerosis Society, Mahoning County Chapter of Muscular Dystrophy, Planned Parenthood Assn. of Youngstown, Mahoning Valley Podiatry Society, Mahoning Chapter of American Red Cross, Safety Council of Greater Youngstown, St. Elizabeth Hospital, TB and Health Assn., and the Mahoning County Medical Society and its Auxiliary.

The Mahoning County Medical Society will take possession of the largest tent on the fairgrounds on Monday, Aug. 30. The Canfield Fair opens on Thursday, Sept. 2, and continues through Labor Day, Sept. 6.

The tent is under the management of the Canfield Fair Committee: Dr. C. K. Walter, chairman; Dr. P. E. Ruth, vice-chairman; Dr. H. P. McGregor, Dr. H. P. Bauer, Dr. A. V. Banez, Dr. R. R. Fisher, Dr. F. A. Friedrich, Dr. M. J. Vuksta, Dr. Jack Schreiber, Dr. F. W. Dunlea, and Dr. R. J. Heaver.

Any physician wishing to work at the Red Cross first aid station during the Fair, should call the medical society office.

WRITE FOR THE BULLETIN

Members of the Mahoning County Medical Society are encouraged to send contributions to the Bulletin for publication. Articles on medical and socio-economic subjects are welcome. Opinions and criticisms (or praise) written as "Letters to the Editor" will be published if they are signed. Also welcome are short personal notes for inclusion in the regular "Bulletin Board" column.

Contributions of all kinds may be addressed to: Kurt Wegner, M.D., Editor, Mahoning County Medical Society Bulletin, 1005 Belmont Ave. Youngstown, Ohio 44504.

CONSTITUTIONAL AMENDMENT

(Nominating Committee)

The second of two recent amendments to the Constitution of the Mahoning County Medical Society is presented in this issue of the Bulletin. This is the "Nominating Committee" amendment. The "delegate voting" amendment, was printed in the July, 1965, issue.

The amendment is printed in the following form so that it may be clipped and pasted into each member's individual copy of the constitution.

CLIP AND PASTE
at bottom of
page 17 in your
constitution.

(As Amended Nov. 17, 1964)

The Nominating Committee shall consist of the President, the Immediate Past President, and four additional active

CLIP AND TIP ON
(paste just the top
half-inch) at the
top of page 18

members who are not then members of Council, and who shall be selected from the membership at large by the President and the Immediate Past President, with the advice and consent of Council. Should any one of these four additional members of the Nominating Committee be unable to serve, the President and the Immediate Past President, with the advice and consent of the Council, shall select an active member not then a member of Council to replace him. Should the Immediate Past President be unable to serve, then the President, with the advice and consent of the Council, shall select a replacement for him. The Nominating Committee shall be appointed prior to, and announced to the membership at, the first meeting of the Society in the Fall of each year. The Nominating Committee shall report its nominations to the Secretary no later than November 1 of the same year.

The Nominating Committee shall nominate one active member for each office. Additional nominations for each office may be made by active members from the floor at the November meeting; such additional nominations may be made orally or by secret ballot and need not be seconded. In the event that no more than two members are nominated for any office, these members shall be declared the nominees. Should there be more than two persons nominated for any office the active members shall then vote by secret ballot at the November meeting and the two persons receiving the highest number of votes shall be declared the nominees. In the event of a tie for the first position, all receiving the tie vote shall be considered nominees, and there shall be no second position. In the event of a tie for second position (there being no tie for first position), all receiving the tie vote shall be considered nominees in addition to the person receiving the first position. Any member who is nominated for an office at the November meeting and permits his name to be placed on the ballot for the December meeting may not withdraw his name from the ballot.

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*From
the
Bulletin*



THIRTY YEARS AGO—AUGUST 1935

The annual golf party was rained out as usual, but the members had a good time according to the report: "In the evening they enjoyed an excellent dinner and then came quiet conversation, lovely music and all those dignified diversions (sic) to which our serious dispositions dispose us." Golf prizes were won by Cafaro, Sisek, Joe Ranz, Coe, Scofield, Taylor, E.C. Baker, and Goldberg.

New members that month were Paul Mahar, Raymond Cafaro, Charles Warnock, Sam Schwebel and Enrico Dilorio. Fred Coombs was physician at Camp Fitch. Paul Fuzy was studying Proctology at the Mayo Clinic. J. N. McCann was taking a course in cardiology at Michael Reese in Boston. Saul Tamarkin passed his Board examination in Radiology.

TWENTY YEARS AGO—AUGUST 1945

Mary Herald was appointed manager of the Medical-Dental Bureau, a post she holds today. Happy Anniversary, Mary!

Major Sears and McConnell were back home, released from military service. Walter Tims was heard from in the Pacific where he survived the Okinawa landing. Lt. Comdr. Clifford was there too.

Capt. Richard Goldcamp was home on leave after a year in Germany. Capt. DeCicco was home after 29 months in the Pacific. Major Sam Goldberg was chief of anesthesia at the 135th General Hospital in Leominster, England. Major Brack Bowman was back from England, waiting to be sent to the Pacific. Capt. Orville Lawton was with the Marines on Okinawa. Sam Klatman was back to stay and opened his office. He said that the Army couldn't stand him any longer.

On August 14th the Japanese surrendered and the scramble was on. Everyone wished to come home right away. Demobilization was rapid but it seemed slow to everybody.

TEN YEARS AGO—AUGUST 1955

President Ivan Smith said that the Salk vaccine had not made much difference so far in the number of cases of Polio. The incidence of polio and of paralytic cases was about the same as last year, but he had hope that the record would improve.

John McDonough announced the limitation of his practice to gynecology, infertility and obstetric consultation. Michael J. Kocialek announced the association of Donald Bernat in the practice of general surgery. Richard Murray opened an office on Lincoln Avenue for the practice of plastic and reconstructive surgery.

The latest drug was Doriden, the new non-barbiturate hypnotic. The Lincoln Avenue Alcoholic Clinic was going strong, the first hospital for alcoholics in the nation. The Scott Company on Phelps Street had light weight white shirts for sale at \$9.50, "Perfect for office hours!"

It was a hot, hot summer.

—J. L. F.

BULLETIN BOARD

The Radiology Department of South Unit, Youngstown Hospital Association authored and sponsored an exhibit at the meeting of the Ohio State Medical Society in Columbus in May. The exhibit was entitled, "Mammography in the Community Hospital." Indications, technique and many problem cases and classical radiographs of both benign and malignant mammary pathology were presented. The exhibit was enthusiastically received.

Ben Berg, Radiologist, South Unit Radiology Department, Youngstown Hospital Association, spent two weeks on active duty with the Navy at the National Medical Center, U.S. Navy Hospital, Bethesda, Maryland. He served with the Radioisotope division of the hospital until assigned as a member of a surgical team at Walter Reed Hospital in the care of the wounded returning by "chopper" from a carrier only hours away from the fighting in Santa Domingo.

John Melnick, Radiologist, South Unit, Youngstown Hospital Association, will present a paper entitled, "An undiagnosed bone dysplasia; a family study of four generations." The invitation to present the paper was extended by the Rocky Mountain Radiological Society at their annual meeting, August 18-21. Also, in the August issue of "American Journal of Diseases of Children," he is the author of an article entitled "Multiple Epiphyseal Dysplasia ("Stippled Epiphyses").

Back from meeting; Dr. Berg and family, Society of Nuclear Medicine, Miami Beach.

Off on vacation; Dr. Hecker and family, return to Mother country, West Germany and Dusseldorf.

Dr. Glenn J. Baumblatt passed his American Board of Internal Medicine. Exams were held at the Research V. A. Hospital in Chicago.

COMING EVENTS

Autumn promises to be a busy season for the Mahoning County Medical Society, with a number of events definitely scheduled and others in the planning stage.

CANFIELD FAIR (Sept. 2 through Sept. 6). The Medical Society sponsors the annual Medical Health Tent, and coordinates the exhibits of 20 community health agencies.

SEPTEMBER MEETING (Tues., Sept. 21). Speaker will be Dr. Herbert S. Kupperman, well-known endocrinologist.

OCTOBER MEETING (Tues., Oct. 19). The Medical Society will hold a joint meeting with the Corydon-Palmer Dental Society.

POSTGRADUATE DAY (Wed., Oct. 20). The annual Sixth District all-day meeting will be held in Canton. Stark County Medical Society will be host.

MEDICAL CARE AND COST SYMPOSIUM (Thur. Nov. 11). The Medical Society will invite community participation in an all-day meeting under the sponsorship of the Area-wide Hospital Planning Committee.

COMMUNITY HEALTH WEEK (Nov. 7 through Nov. 13). The Medical Society will take part in the national observance sponsored by the American Medical Association.

DIABETES WEEK (Nov. 14 through Nov. 20). The Medical Society will sponsor its annual diabetes detection drive for Mahoning County.

NOVEMBER MEETING (Tues., Nov. 16) Nomination of officers.

DECEMBER MEETING (Tues., Dec. 21) Election of officers.

CLINICAL NUTRITION LECTURES. Sometime, beginning this fall the Medical Society will co-sponsor, along with the American Medical Association, a lecture series at Youngstown University.

PAP SMEAR CAMPAIGN. The Medical Society will continue, with renewed emphasis, to promote the Pap Smear drive, begun earlier this year.

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MEMBERS SUGGEST BETTER RELATIONS

The Inter-Hospital Relations Committee, Dr. Kenneth Lloyd, chairman, recently sent out a poll asking for an expression of opinion as to problems between the two staffs, and ideas for improving relationships. Following are some of the returns:

* * * * *

"The hospital staffs should inform each other whenever they have an out-of-town visiting man. We should all take advantage of these opportunities."

* * * * *

"Coordination between administrations of drives for money from the public, to avoid overlapping campaigns."

* * * * *

"More social affairs such as stags, golf competitions, etc. One is unable to get to know M.D.s from the other staff just at meetings."

* * * * *

"What is needed is an overall Medical Education Program for all three hospitals which would eliminate competition, standardize programs and make Youngstown a desirable location for house officers. Would also favor a plan which would allow physicians to be voting members of both staffs."

* * * * *

"Expensive and seldom used facilities should not be duplicated. It is the people who pay. For example: cardiac surgery equipment, artificial kidney, etc."

* * * * *

"The only way to improve relationships is to tell the truth about one another and to recognize the ability and knowledge of the other fellow physician, no matter what his affiliation happens to be."

* * * * *

"In my practice, I know of no real problems, annoyances, etc., at a staff level. At the level of hospital administration (that is, trustees,) the horrible situation is out of the hands of the M.D.s. I suppose the administrative competition, distrust, lack of communication, rubs off on the M.D.s to a small degree—but the problems and annoyances (to put it mildly) begin at a non-M.D. level."

* * * * *

"Restraint in use of accomplishments of physicians in public relations efforts by hospitals. Let them publicize facilities, services, etc., which is within their province."

* * * * *

"The single most important way to improve inter-hospital relations is to acknowledge the work done at each hospital. Nothing is gained by speaking falsely or out of ignorance about a department of the hospital."

PROJECT HEAD START

The Mahoning County Medical Society is taking an active part in "Project Head Start," administered by the Youngstown Board of Education.

Plans to provide for physical examinations for some 800 youngsters were made by the Pre-school Health Committee, Dr. B. M. Brandmiller, chairman. Following a poll of the entire membership, a number of physicians volunteered to make the examinations, which are currently being carried on at twelve schools. They will be concluded in August. Doctors are being paid through the Board of Education.

Assisting the doctors are school nurses and visiting nurses. Arrangements and schedules were made by Nellie Grant, for the Visiting Nurses Assn., and by Wes Pollock, who headed "Project Head Start" for the Board of Education.

EDITORIAL COMMENT ON MEDICARE

CHICAGO DAILY NEWS: "This is good news for the estimated 19,000,000 Americans of 65 and older, and for the 3,760 who reach their 65th birthday every day in the United States. For those who are younger, who will pay the bill for this huge addition to the welfare load, a few qualms remain. In many instances—notably those employed persons who support ailing parents—the extra tax bite for care of the elderly will be a welcome alternative to footing all the bills. But for the most part, the people who will pay the tab get no benefit until—or unless—they reach retirement age themselves. It is entirely predictable that a clamor will arise to spread the benefits among those currently paying, which would lead straight to the socialized medicine so feared by the American Medical Assn."

CHICAGO TRIBUNE: "Not all of the provisions of the bill are bad. But the tragic thing is that all of these benefits are so widely looked on as "free gifts" from the government. They aren't free at all. And the chances are that this is only the beginning. As soon as there is Medicare for the elderly, there is bound to be pressure to turn it into a universal system of socialized medicine, which is what its advocates have been wanting all along."

HEALTH DEPARTMENT BULLETIN

JUNE, 1965

	Resident		Non-Resident		Total
	M.	F.	M.	F.	
Births	124	119	163	122	528
Deaths	89	57	72	44	262
Infant Deaths	3	2	2	1	8

JUNE, 1964

Births	114	120	158	132	524
Deaths	81	67	72	51	271
Infant Deaths	3	4		3	10

COMMUNICABLE DISEASES

	1965		1964	
	Cases	Deaths	Cases	Deaths
Scarlet Fever	1	0	1	0
Tuberculosis	2	1	6	2
Gonorrhea	29	0	16	0
Syphilis	12	0	5	0
Infectious Hepatitis	1	0	1	0
Rheumatic Fever	0	0	3	0

VENEREAL DISEASES

New Cases	Male	Female
Syphilis	1	1
Gonorrhea	16	11
Total patients		29
Total visits (patients)		114

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